

**SPECIALTY TRAINING CURRICULUM
FOR
DERMATOLOGY**

MAY 2007

Joint Royal Colleges of Physicians Training Board

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Introduction

This curriculum relates to specialty training in dermatology. Trainees will enter this programme following the completion of Foundation programme and Level 1 Core medical training (acute and internal medicine). The curriculum covers training in the speciality of dermatology up to CCT in dermatology. It does not include the generic skills of a physician, which are covered by a separate curriculum (Generic curriculum for the medical specialties, JRCPTB), and should be followed in parallel with this curriculum.

The curriculum applies to specialty trainees in Dermatology and the length of the programme is 4 years.

The curriculum has been created by the SAC in Dermatology, namely: Professor Chris Bunker (chair), Dr Giles Dunnill (secretary), Dr Val Doherty, Dr Malcolm Rustin, Dr Jerry Marsden, Professor Colin Munro, Professor Chris Griffiths, Dr Robert Charles-Holmes, Dr Stuart Cohen (trainee representative).

1. RATIONALE

The purpose of the curriculum is to train a specialist in Dermatology to the level of competence expected for a UK Consultant.

The content and learning methods have been developed from the existing Higher Medical Training curriculum for Dermatology. This document was written, developed and modified by the SAC in Dermatology, with on going feedback from trainers and trainees. The new curriculum has been written to PMETB standards by the current SAC in dermatology following debate by the committee and specific feedback from trainees via the trainees committee of the British Association of Dermatologists (BAD). The committee members are experienced trainers from the UK, with special expertise in different areas of dermatology.

Duration of Training

Entry to specialist training will take place usually following a period of foundation training. Thus the trainee will be expected to have achieved foundation programme competencies, or the equivalent. The first two years of specialty training (ST1, ST2) will be in a core training programme (core medical training – CMT or acute care common stem training – ACCS). During core training physicians will be expected to have achieved level 1 acute medicine competencies for which the MRCP Part 1 or an equivalent exam is the knowledge based assessment. Thus before being allowed to proceed to specialty training year 3, trainees must have achieved these level 1 competencies. An average trainee should be able to achieve these within a 2 year core training programme. They will then be allocated to the next stage of specialty training, and at this stage will commence their dermatology training.

Although this curriculum is competency based, the duration of training must meet the European minimum of four years for post registration in full time training adjusted accordingly for flexible training (EU directive 93/16/EEC requires that flexible training can be no less than 50% whole time equivalent). The SAC has advised that training from ST1 will usually be completed in six years in full time training.

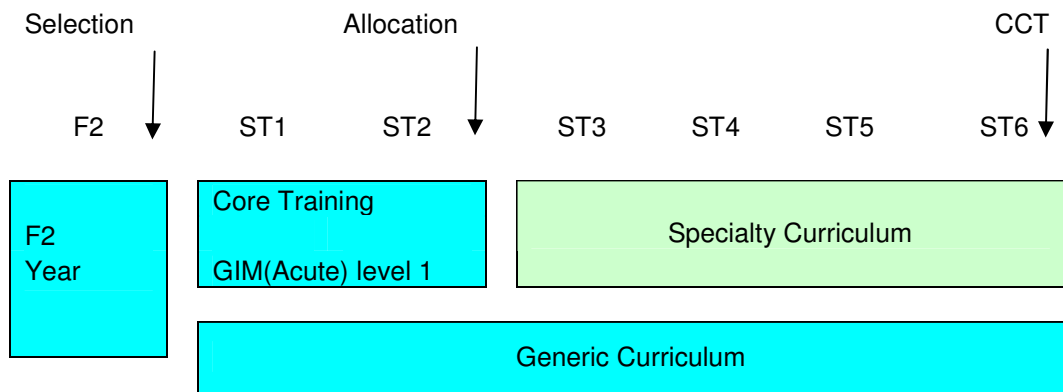
The curriculum will be achieved by completing the necessary speciality posts within training programmes.

Generic Curriculum

This specialty curriculum is complementary to the generic curriculum which applies to all 28 physicianly specialities. The generic curriculum follows the headings of good medical practice and runs through from core training to CCT (see fig 1). Trainees should read and understand both their specialty curriculum and the generic curriculum. Both curricula should be seen as integrated so that generic competencies are acquired at all stages of specialty training. Some generic components are also further expanded and deepened for some specialties (eg palliative medicine). When planning specialty programmes, deaneries and trainers should ensure that both specialty and generic competencies can be acquired and assessed.

Fig.1

Diagrammatic representation of specialty and generic curricula with GIM (acute) level 1 curriculum



Research

Trainees who wish to acquire extensive research competencies, in addition to those specified in the generic element of the curriculum, may undertake a research project as an ideal way of obtaining those competencies, all options can be considered including taking time out of programme to complete a specified project or research degree. Time out of programme needs prospective approval from the SAC and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the research period. A maximum period of 3 years out of programme is allowed.

2. CONTENT OF LEARNING

1. Skin Biology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>To provide the trainee with the knowledge of the structure and function of normal skin. The trainee will be able to explain the consequences of skin diseases and the means by which treatment may be effective.</p>	<p>Describe anatomy, physiology, immunology, biochemistry and molecular biology of normal skin.</p> <p>Describe alterations of these in disease states.</p> <p>Describe principles of epidemiology in relation to skin disease.</p>	<p>Applies knowledge of skin biology when assessing patients .</p> <p>Selects appropriate therapy on the basis of skin biology.</p>	<p>Recognises importance of basic skin biology for understanding changes in skin in health and disease.</p>	<p>Attend trainee seminars within department.</p> <p>Journal club review.</p> <p>Independent study.</p> <p>Attendance at suitable course.</p> <p>Attendance at suitable meetings eg BSID, BAD</p>

2. General Dermatology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to carry out specialist assessment and management of a patient presenting with a dermatosis in both an inpatient and outpatient hospital setting.</p>	<p>-Describe the clinical features and management of primary skin diseases and other diseases presenting with cutaneous manifestations.</p> <p>Identify different presentations of skin disease.</p> <p>Describe appropriate investigations for different presentations of skin disease.</p> <p>Identify accurate and current treatments appropriate to skin disease</p>	<ul style="list-style-type: none"> - Perform detailed and reliable - history taking and recording of appropriate details - Demonstrates detailed and correct physical examination, including skin, integument, mucous membranes and other relevant body systems. - Selects appropriate investigations - Formulate accurate, complete and appropriate differential diagnosis. - Selects appropriate treatment plan. - Communicates treatment plan to patient or relatives/carers. <p>Assesses severity of acute skin disease accurately by telephone, and at the bedside.</p>	<ul style="list-style-type: none"> - Recognises potentially serious skin disease. - Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent. - Recognises own limits and chooses appropriately when to ask for help. 	<p>Supervised outpatient clinics Ward-based learning, including ward rounds and consultations Supervised on call work – observation and performance of assessment of emergency cases and of telephonic assessment out of normal office hours. Planned teaching eg registrar training days Clinical meetings – departmental, regional and national eg Royal Society of Medicine. Independent study Appropriate courses Journal club</p>

3. Dermatopathology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>To be able to correctly interpret a written dermatopathology report and to offer discussion and differential diagnosis of the described distinguishing histological features. To be able to recognise the microscopic features of diseases of the skin. To be able to choose a range of laboratory techniques to optimise diagnostic accuracy.</p>	<p>Define the normal histology of the skin at different sites of the body.</p> <p>Identify categories of disease process affecting the skin including types of inflammation, degeneration, neoplasia and enodermatosis.</p> <p>Describe histological features of individual skin diseases.</p> <p>Explain the relationship of biopsy procedure to histological artefact.</p> <p>Define correct handling of specimens, including fixation, transport medium</p> <p>Outline histological laboratory techniques, including special stains and immunochemistry, and their value in specific diseases.</p>	<p>Evaluates histological skin slide, giving appropriate differential diagnosis</p> <p>Discusses appropriate differential diagnoses with histopathology team.</p> <p>Interprets special stains/ immunohistochemistry correctly.</p>	<p>- Regularly reviews own biopsy specimens with histopathologist</p> <p>- Recognises importance of histopathology in appropriate cases.</p> <p>Participates actively in departmental clinicopathological review</p>	<p>Individual or small group tuition by pathologist with expertise in skin disease using routine and teaching specimens.</p> <p>Observation of processes within a histology laboratory</p> <p>Attend an appropriate course</p> <p>Attend clinicopathological departmental review meetings.</p> <p>Audit or research project in collaboration with dermatopathologist.</p>

4a. Contact Dermatitis and Occupational Dermatoses

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to investigate, diagnose and manage patients with contact dermatitis and contact urticaria. The trainee will also be able to investigate, diagnose and manage patients with common occupational dermatoses.</p>	<p>Explain mechanisms involved in allergic and irritant contact dermatitis. Define the investigation of contact dermatitis within an occupational setting. Explain the indications for patchtesting Identify allergens within the ESS (or British) batteries. Describe contraindications to patchtesting State limitations of patch test results Explain use of control patients</p>	<p>Performs thorough history taking in patients with suspected contact dermatitis Formulates appropriate pre-patch test diagnosis Selects appropriate allergens for patch testing Demonstrates application of patch tests and instructions of patients during the patch test procedure. Interprets patch test results Communicates test results to patients Discusses preparation of specific products for patch testing Demonstrates use of repeated open application test Performs contact urticaria and prick testing safely</p>	<p>Recognises use of patch testing in the assessment of suspected contact dermatitis Contributes to multidisciplinary team including specialist nurses and pharmacy Chooses appropriate patients for patch testing and recognises importance of results.</p>	<p>Observation and discussion with senior medical and nursing staff in patch testing department. Supervised out patient patch test clinics with specialist consultants with expertise in contact dermatitis. Independent study Attend appropriate course Supervised workplace visit to assess occupational dermatosis.</p>

4b. Preparation of Department of Social Security and medico legal reports

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to assess patients for DSS and medicolegal claims and write appropriate reports.	<ul style="list-style-type: none"> - Explain legal issues of how and when to examine a patient on behalf of the court. - Explain the duty of the consultant to the court. - Define the appropriate contents of a medico legal / DSS report. 	<ul style="list-style-type: none"> - Performs appropriate history and examination in medicolegal setting - Prepares appropriate written report 	<p>Recognises importance of consultant accuracy in medico legal system</p> <p>Teaching and learning methods</p>	Supervised /observed medicolegal reporting.

4c. Prick and intradermal testing

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to evaluate patients for contact urticaria and type I hypersensitivity and perform prick testing safely.	<ul style="list-style-type: none"> - Define indications for prick testing - Explain mandatory precautions - Outline resuscitation techniques - Identify precautions necessary for latex allergic patients. 	<ul style="list-style-type: none"> - Performs procedures for testing for suspected contact urticaria and type I hypersensitivity 	<ul style="list-style-type: none"> - Recognises dangers of prick testing 	Observation and performance of testing under supervision in outpatients. Attendance on cardiopulmonary resus course

5a. Paediatric Dermatology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to investigate, diagnose and treat children with skin disease.</p>	<p>Describe skin diseases common/specific to infancy and childhood. Define childhood manifestations of skin disease. Identify paediatric specific pharmacology/prescribing. Explain growth and diet monitoring Justify history taking from parents Mechanisms of disease specific to childhood. Outlines relevant community and social service agencies.</p>	<p>- Practices good history taking from parents and their children Performs examination of skin/ integument/ relevant systems of newborn/infant/ child. Communicates treatment plan to parents and children of all ages.</p>	<p>Participates in family orientated diagnosis and treatment. Consults paediatric colleagues</p>	<p>Supervised consultations in dedicated paediatric outpatients Supervision of paediatric in patient management Consultations under supervision of paediatric in patient referrals to dermatology team. Independent study of paediatric texts and journals. Observation of specialist nursing staff. Attendance at relevant course</p>

5b. Genetics

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to diagnose and treat genetic skin disease and appreciate importance of genetic counselling.	<ul style="list-style-type: none"> - Recall modes of inheritance <ul style="list-style-type: none"> - Define molecular mechanisms of inherited disease - Explain risk of affected pregnancy in genetic disease <p>Describe methods of prenatal diagnosis</p>	<ul style="list-style-type: none"> -Performs complete family history to determine mode of inheritance Communicates risk of affected pregnancy to parents clearly 	Consults colleagues in clinical genetics appropriately	<p>Supervised consultations in outpatients with special interest in genetic disease</p> <p>Journal club attendance</p> <p>Independent study</p> <p>Suitable external course</p>

6a. Dermatological Surgery: Skin surgery

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to surgically treat benign and malignant skin disease safely and effectively</p>	<p>describe cutaneous anatomy from the skin surface down to muscle fascia, and the surface anatomy of the head and neck</p> <p>identify in detail named blood vessels and nerves of the head, neck, and other body sites, where these lie between the skin, and muscle or muscle fascia</p> <p>-knowledge of safe and effective local anaesthesia for skin surgery including regional anaesthesia</p> <p>-identify the surgical options for treating individual skin lesions at all body sites, including surgical margin required</p> <p>-Justify micrographic surgery</p> <p>-identify suturing techniques for wound repair</p> <p>-define the indications for direct closure, skin graft repair, repair using random pattern skin flaps</p> <p>--identify complications of skin surgery, including medico-legal aspects</p>	<p>-accurate evaluation of surgical options for individual skin lesions</p> <p>-performs the following surgical procedures safely and effectively:</p> <ol style="list-style-type: none"> 1 cryotherapy 2 skin biopsy and nail biopsy 3 curettage with and without cautery 4 shave excision 5 full thickness skin excision and direct closure using sub-cuticular sutures and skin sutures 6 dog ear repair <p>-demonstrates competence at performing these procedures on the head, neck, trunk, and limbs</p>	<p>-participates in surgical audit</p> <p>- recognises limits of own skill</p> <p>- consults with plastic surgeon appropriately</p>	<p>Independent study</p> <p>Simulation of procedures on skin equivalent</p> <p>Observation and performance of procedures under supervision in a day case theatre or outpatient theatre, and follow up in the post operative period</p> <p>Review of training record and outcomes such as completeness of excision and complications</p> <p>Suitable external course</p>

6b Cutaneous Laser Surgery

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to refer patients appropriately for laser surgery	Describe the characteristics of laser light and basic laser-skin interactions Describe basic laser safety procedures relevant to cutaneous laser therapy Describe the principal output characteristics of lasers commonly used for cutaneous disorders Identify cutaneous disorders suitable for laser treatment Identify circumstances where laser treatment would be hazardous	Discusses benefits and risks of laser surgery in different clinical situations Demonstrates appropriate counselling to patients considering laser therapy	- Recognises possible benefits and limitations of laser therapy Communicates with laser specialist surgeons	Independent study of texts and journals Observation of laser treatment of pigmented, vascular, ablative laser treatments performed by senior staff or allied health profession laser operators. Appropriate course

6c Cosmetic dermatology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to advise patients considering cosmetic treatment. The trainee will be able to diagnose and manage patients with complications of cosmetic therapy.	Describe techniques for cosmetic camouflage of skin lesions. Describe complications of cosmetic treatments.	Discuss side effects of cosmetic treatments Assess complications of cosmetic treatments	Recognises complications of cosmetic treatments. Recognises limitations of cosmetic therapy	Independent study Attend appropriate course Observe dermatological cosmetic practice.

7a Photodermatology and Photodiagnosis

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to diagnose and manage patients with a photosensitive disease	- State clinical features of the photosensitive disorders Describe indications for phototesting and photo patchtesting Describe appropriate range of investigations for photosensitive patient Define procedure for phototesting and photo patchtesting Outline treatment of photosensitive disorders	Detects patient with photosensitivity disorder Performs appropriate history and examination of photosensitive patient Demonstrates administration of phototesting and photo patchtesting Interprets results of testing Communicates diagnosis and treatment of photosensitive disorders to patient and other health professionals	Recognises possibility of photosensitivity in appropriate patients	Independent study Postgraduate course Observation and performance within specialist outpatient unit dedicated to evaluation of photosensitive patients Journal club

7b Phototherapy and photochemotherapy

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to select appropriate patients for phototherapy and photochemotherapy. The trainee will be able to deliver and supervise phototherapy and photochemotherapy services.</p>	<p>State indications and contraindications for phototherapy and photochemotherapy Define which form of therapy should be used and its delivery (eg topical, local, systemic, broadband UVB, Narrow band UVB, PUVA) Explain ultraviolet dosimetry and treatment regimens State adverse effects of different forms of therapy Define management of patients who have had large numbers of UV treatments. Explain how to set up a new service Discuss new developments in phototherapy. Describe indications for, use of, and complications of photodynamic therapy.</p>	<p>- Communicate risks and benefits of different forms of therapy to patients Selects appropriate treatment regimens Evaluates patients failing to respond to treatment Evaluates patients developing adverse events</p>	<p>- Contributes to multidisciplinary team including phototherapy nurses, medical physics and doctors Recognises limits of different forms of therapy</p>	<p>Independent study Observation and supervised performance in consultant led dedicated phototherapy outpatient clinic for long enough to gain experience in all common and the majority of rare disorders treated with different therapies. Supervised performance in outpatient treatment centre, both regular planned sessions and ad hoc reviews of patients in difficulty Suitable external course.</p>

8. Genitourinary Medicine

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to detect sexually transmitted infection (STI) in patients presenting to dermatology, and refer appropriately to a Genitourinary Clinic.</p>	<p>Define cutaneous manifestations of STIs Explain clinical features, investigation, diagnosis and management of STIs, including genital HPV, candidosis, genital herpes, gonorrhoea, syphilis, HIV AIDS. Explain process of HIV testing Explain patient confidentiality Identify clinical features of premalignant and malignant diseases of the genitalia. Explain contact tracing in STI</p>	<p>- Perform sexual history taking appropriately and thoroughly Demonstrate appropriate physical examination Evaluate accurate differential diagnosis Explain need for HIV testing</p>	<p>Recognise requirements of patient confidentiality Chooses to refer patients to STI clinic appropriately.</p>	<p>Observation of, assisting and discussion with senior staff in STI outpatient clinic. Independent study External course</p>

9. Infectious diseases and infestations of the skin

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to diagnose and manage viral, bacterial, fungal and parasitic infections of the skin.</p>	<p>- Define the clinical features, investigation and management of infections of the skin and systemic infections with cutaneous manifestations. State normal skin flora and potential pathogens State clinical features of infections in immunocompromised patients Describe clinical features of infections acquired abroad. Explain the mechanism of action, use, dosage and adverse effects of antimicrobial therapy. State local systems to deal with outbreaks of infection within hospital or community.</p>	<p>Perform appropriate history and examination Selects and performs appropriate testing, including obtaining appropriate microbiological samples. Communicate likely success of treatment and prognosis to patients Interpret microscopic findings of out patient preparations of skin scrapings to diagnose fungal or scabetic infections.</p>	<p>Consult with reference laboratory appropriately Recognise the importance of and communicate with infection control team</p>	<p>Independent study Supervised outpatient, in patient and emergency consultations Laboratory attachment</p>

10. Radiotherapy and dermatological Oncology : Skin oncology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will have the knowledge, skills, experience and confidence to diagnose and to stage all primary malignant disease of the skin. They will be able to surgically treat T1 BCC's, T1 SCC's, and T1a/b melanomas.</p>	<p>Describe the common clinical and histopathological features of primary skin cancer, and be able to accurately distinguish benign from malignant skin disease Define current methods of molecular analysis in diagnosis and treatment of skin cancer Define the current AJCC or other approved staging systems for melanoma, non-melanoma skin cancer, and skin lymphoma State common patterns of loco-regional and distant metastatic spread due to melanoma, non-melanoma skin cancer, and skin lymphoma Explain the principles as they apply to skin oncology for topical chemotherapy, cryotherapy, photodynamic therapy, surgical treatment margin, radiotherapy, including orthovoltage and electron radiotherapy, chemotherapy, and immunotherapy Define the indications in skin oncology for topical chemotherapy, cryotherapy, photodynamic therapy, surgery including excision and direct closure, skin</p>	<p>Take an accurate history, and accurately and competently examine all patients with primary malignant disease of the skin Demonstrate competent excision of skin lesions for diagnosis Integrate clinical and pathological findings to ensure safe and accurate clinico-pathological correlation Accurately and consistently diagnose primary malignant disease of the skin Accurately and consistently diagnose loco-regional and distant metastatic skin cancer demonstrate full understanding of the role of the Skin Oncology Multi-disciplinary Team, its composition and operational policies Construct a treatment plan for all primary</p>	<p>Participates in and contributes to skin oncology MDT meetings Recognises limits of own skills Participates in and contributes to audit Is familiar with recent clinical advances, and current National Cancer Research Institute skin cancer trials</p>	<p>Independent study Supervised consultations in skin cancer diagnosis clinic Observation and performance of non-surgical and surgical procedures for treating primary skin cancer under supervision Observation of procedures for treating loco-regional and distant disease – lymph node dissection, regional chemotherapy, radiotherapy and chemotherapy</p>

	<p>reconstruction using random pattern flaps, split thickness and full thickness skin grafts, and micrographic surgery, radiotherapy, and chemotherapy, and immunotherapy</p> <p>Define the risks and benefits in skin oncology of topical chemotherapy, cryotherapy, photodynamic therapy, surgery including excision and direct closure, skin reconstruction using random pattern flaps, split thickness and full thickness skin grafts, and micrographic surgery, radiotherapy, and chemotherapy, and immunotherapy</p> <p>State skin cancer clinical trial methodology and outcome measures of response and survival</p> <p>Explain the requirements for compliance with the 2006 National Institute for Health and Clinical Excellence guidance for skin cancer</p> <p>Define the requirements and approach for breaking bad news, including use of local policies, and the role of the skin oncology Clinical Nurse Specialist</p>	<p>malignant disease of the skin, and present this to a Skin Cancer Multi-disciplinary Team Meeting</p> <p>Obtain informed consent for surgical procedures required for treating T1 BCC's, T1 SCC's, and T1a/b melanomas, including all common risks and all serious risks</p>		
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11. Dressings and wound care

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to diagnose and manage ulceration of the skin and post surgical skin wounds.</p>	<p>Describe the clinical features, investigation, differential diagnosis, and management of skin ulceration. Describe the clinical features, investigation and management of leg ulceration. Define features of venous and arterial leg ulceration. Describe the clinical features, investigation and management of skin blistering disease. Describe the clinical features, investigation and management of ulceration of the skin in association with diabetes. Describe the management of wounds created by dermatological surgery. Explain the use of topical and systemic antibiotic therapy in wound care. Explain the use of compression bandaging in leg ulceration. Define options for dressings and cost effectiveness. Explain desloughing techniques</p>	<p>Perform adequate history and examination of patient with acute or chronic wound Perform and interpret Doppler pressure examination of leg Perform and interpret pulse oximetry examination Evaluate suitability for compression bandaging Evaluate suitability for appropriate dressing</p>	<p>Consults nursing members of wound care team - Consults colleagues in vascular surgery appropriately</p>	<p>Independent study Specialised out patient consultations In patient work Multidisciplinary work External courses Journal clubs</p>

12. Dermatological Formulation and systemic therapy

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
<p>The trainee will be able to safely prescribe and monitor systemic therapy for skin disease, including the use of systemic immunomodulatory agents. The trainee will be able to appropriately prescribe topical therapy.</p>	<p>State mode of action, indications, side effects, drug interactions, safe monitoring, duration of therapy of topical and systemic agents used in skin disease. Describe quantity of topical therapy required for different body areas Explain choice of base for topical therapy Describe stability and shelf life of different preparations</p>	<p>Communicate risks and benefits of systemic therapy to patients Evaluate effectiveness of new treatments Perform literature search for adverse drug event</p>	<p>Recognise importance of new therapies Consult relevant journals regarding new therapies Consult with hospital pharmacy drug information</p>	<p>Observation and performance in general dermatology outpatients and inpatients. Observation of hospital pharmacy regarding preparation of topical therapies. Independent study Journal club External courses</p>

13. Dermatology and Primary Health Care

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to Communicate appropriately with Primary Health Care Physicians for the benefit of both patient and General Practitioner.	Describe the organisation, problems and expectations present in Primary Health Care. Identify presentation and management of dermatological problems in the primary care setting. Describe the organisation of a Health Care Centre Explain the process of referral from primary to secondary care State the role of practice nurses, district nurses and health visitors in the care of patients with chronic skin problems	Evaluates priority of GP referral letters appropriately Communicates with GP by telephone, providing advice or arranging for patients to be seen. Communicates with GP appropriately following consultations with patients.	Recognises importance of good communication between primary and secondary care.	Observation of GPs and nurses in surgeries Small group work within the practice Observation of administrative process of a health centre

14. Psychodermatology

Objective	Knowledge:	Skills:	Attitudes	Teaching and learning methods:
The trainee will be able to diagnose serious or incidental psychiatric morbidity in patients presenting with or being followed up for skin disease.	Describe psychiatric differential diagnosis in skin disease Define features of depression, and risk factors for suicide Describe clinical features of psychodermatoses Define the basic use of antidepressants, tranquilisers and antipsychotics Describe structure of liaison services to psychiatry and addiction	- Perform a psychiatric history Perform a mental state examination Evaluate risk of suicide in a patient	Consults psychiatric team appropriately	Independent study External course Outpatient consultations with supervision

The Dermatological SAC also require competency in the following areas:

- Management and NHS structure
- Audit
- Research Methodology.

These are outlined in the Generic Curriculum for the Medical Specialties.

ASSESSMENT STRATEGY

The domains of Good Medical Practice will be assessed using both workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum i.e. knowledge, skills and attitudes. The assessments will be supported by structured feedback for trainees within the training programme of Geriatric Medicine. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

It is likely that the workplace-based assessment tools will include miniCEX (clinical examination exercise), DOPS (direct observation of procedural skills) and MSF (multi-source feedback). The Federation of the Royal Colleges of Physicians has piloted these methods and has demonstrated their validity and reliability. It is proposed that the examination and assessment of knowledge will utilise elements of the MRCP(UK) examination relevant to training.

An assessment blueprint will be developed which will map the assessment methods on to the curriculum in a systematic way. The blueprint will ensure that there is appropriate sampling across the curriculum. It is expected the blueprinting exercise will have been completed by the end of 2006.

The SAC will be responsible for the blueprinting exercise.

3. MODEL OF LEARNING

Work based experiential learning

This will form a large part of the training, and will include the following aspects:

General dermatology outpatient clinics.

This should comprise a significant part of the first year. It should also form a significant part of at least 2 more years of training. Trainees should see both new and review patients. Sufficient time must always be made available for the supervising consultant to teach and advise the trainee during these clinics.

Ward Referrals

The trainee must have a regular commitment to seeing hospital in-patient referrals for at least three of the four years, and should become familiar with the skin problems of patients in intensive care units. Trainees should also see dermatological problems arising in paediatric patients and in neonates.

During the first year, the trainee will be expected to accompany a consultant or senior trainee, and thereafter will be given increasing responsibility for carrying out consultations independently. Ready access to consultant advice should, however, always be readily available.

On Call

All trainees must have a non-resident (ie from home) Dermatology out-of-hours on-call commitment during their training. It should cover the care of dermatology in-patients, dermatological problems arising in patients on general wards (adult and paediatric), the

intensive care unit and the Accident and Emergency Department, at the request of colleagues senior and junior within the hospital. It may be necessary for the trainee to come in from home to assess the dermatological problem depending on the circumstances. Indeed it is training and experience in assessing clinical situations from a distance over the telephone that is desirable. The trainee should be supported by an on-call consultant.

During the course of 4 years the trainee should have sufficient out of hours on call experience to become competent in managing acute serious skin disease, both assessing severity accurately at a distance by telephone and making decisions to come in from home. Furthermore, experience should be gained in managing rare, but serious disorders such as toxic epidermal necrolysis and necrotising fasciitis.

Specialist out patient clinics

Sufficient time should be spent during attachments to specialised clinics to achieve the listed competencies. This will include attachments in Contact Dermatitis, Paediatric dermatology, Dermatological surgery, Photodermatology, Genitourinary medicine, Radiotherapy and dermatological oncology. Teaching in these clinics will be delivered by consultants experienced in the speciality.

Trainees should have experience of dermatological surgery by performing a surgical list under supervision regularly throughout training. There should be sufficient exposure to gain the competencies listed.

Other learning models

Each training centre will provide a variety of additional training opportunities in addition to work-based experiential learning. These will include:

- Clinical meetings – departmental and regional clinical and clinicopathological meetings where trainees can participate in the detailed discussion of difficult clinical problems.
- Journal Club, or similar. Usually organised on a departmental basis, and used in a small group format to discuss journal articles, research, textbooks of dermatology, recent national meetings.
- Participation in audit, both self-directed and departmental meeting.

In addition the trainee should be able to attend national training opportunities for delivery of external teaching. A full list of national available courses and meetings in dermatology in the UK is available on the British Association of Dermatologists website (www.BAD.org.uk). The trainee does not need to attend all of these, but should discuss with their educational supervisor which are likely to be of most use to them as an individual. This will depend on the local strengths of the training department, and on the trainee's particular interests.

Throughout dermatological training the trainee should spend time on independent study, including reading recommended texts, journals, and using computer searches to access appropriate material on the Internet.

4 LEARNING EXPERIENCES

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department. Opportunities for concentrated practice in skills and procedures will be given throughout training via specialist clinical settings. For example skills in assessing and managing skin cancer will be gained via attendance at multi-disciplinary skin cancer clinics; skills in advanced skin surgery may be acquired within a dedicated skin surgery list, supervised by a consultant with expertise in this area. Learning from peers will occur at clinical meetings, and in larger departments more senior trainees will mentor juniors. Formal situations (such as journal club above) will be part of every departmental timetable and provide specific learning experiences. External courses (as above) will be available to trainees. Each rotation / attachment will allow time during the week for personal study, and the trainee will meet with their educational supervisor regularly for specific teacher input.

Most of the curriculum is suited to delivery by work-based experiential learning and on-the-job supervision. Where it is clear from trainees' experience that parts of the curriculum are not being delivered within their work place, appropriate off-the-job education or rotations to other work places will be arranged. The key will be regular work-based assessment by educational supervisors who will be able to assess, with the trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work place.

5. SUPERVISION AND FEEDBACK

The educational supervisor will be allocated to the trainee at the beginning of each year. This will usually be a different supervisor each year. In addition to day to day supervision, educational supervisors will meet about 4 times per year. At the first meeting the educational objectives for the year will be agreed. Subsequent meetings will review progress and will be based on the supervisor's observations of the trainee's performance, feedback from other supervisors, formal assessment results from miniCEX, DOPS and MSF where appropriate, and review of the RCP training record.

Towards the end of each year a formal summative assessment will take place. This will provide a structured assessment of the trainee's progress, based on assessment methods as above.

These competency based assessments will inform the RITA process. The RITA panel will meet each year to assess each trainee's progress. This will include review of the documentation related to the trainee and an interview with the trainee. Feedback to the trainee will be given, and further feedback can be arranged with the educational supervisor or programme director if required.

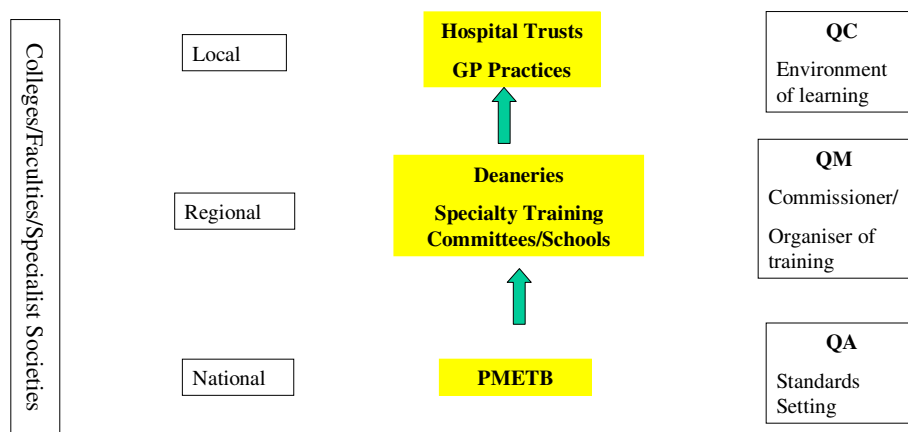
The educational supervisor, when meeting with the trainee, will discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee. The educational supervisor is part of the clinical speciality team thus if the

clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the educational supervisor. This would not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

6. MANAGING CURRICULUM IMPLEMENTATION

Deaneries are responsible for quality management, PMETB will quality assure the deaneries and educational providers are responsible for local quality control, to be managed by the deaneries. The role of the Colleges in quality management remains important and will be delivered in partnership with the deaneries. The College role is one of quality review of deanery processes and this will take place within the SACs on a regular basis.

The Organisation and Quality Assurance of PG Training



7. CURRICULUM REVIEW AND UPDATING

Curriculum review will be informed by a number of different processes. For instance the SAC will be able to use information gathered from specialty heads, specialty deans and the National Health Service. It will have available to it results of the trainee survey, which will include questions pertaining to their specialty. Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing need for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula.

8. EQUALITY AND DIVERSITY

In the exercise of these powers and responsibilities, the Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of relevant legislation, such as the:

- Race Relations (Amendment) Act 2000;
- Disability Discrimination Act 1995 and Special Educational Needs and Disabilities Act 2001;
- The Disability Discrimination Act 1995 (amendment) (further and higher education) regulations 2006
- Age Discrimination Act in October 2006

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers, as advisers from the medical profession, as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Statutory responsibilities

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of legislation, such as the:

- Human Rights Act 1998
- Freedom of Information Act 2001
- Data Protection Acts 1984 and 1998